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ABSTRACT

The experiences of a group of seven physicians and medical school faculty who wished to improve their instructional capacities are described by the educational psychologist who led the study group. The participants held appointments at the University of North Dakota School of Medicine and had responsibility for teaching medical students in clinical settings. The participants rank ordered their goals and took part in planning decisions for the group. Through weekly meetings, the group discussed lecturing and small group instructional techniques. Some group members developed a form to be used in critiquing lectures, and individual members made presentations to the group and heard other group member's critical comments. The preparation of slides was identified as an area of interest for the group. During the 8 months of meetings, specific practical techniques were mastered, as were understandings of a more theoretical nature. Perspectives on the group's functioning are offered, and developmental stages of small groups, proposed by T. W. Tuchman, are reviewed. Reasons for the group's success are also identified, including the interest of the members in improving their teaching skills, the personal support provided by group members, and the strong emphasis on the practical. (SW)

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THE FARGO STUDY GROUP:

Faculty helping themselves to improve their instructional abilities.

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THE FARGO STUDY GROUP

Introduction The question of how to go about self-improvement is a continuing one, and one that is aggrivated by scarce resources. How, in the absence of time, for example, do groups of faculty go about developing their competencies and expanding their awareness of professional issues? A study group--such as the one described here--is an approach that can work well for a variety of reasons, reasons which can be understood in terms of research on small groups and adult learners.

Because post-secondary instructors are selected on the basis of subject matter expertise, faculty in undergraduate, graduate, and professional schools are generally not required to have formal training as teachers. This results in professors' learning how to teach as an almost accidental byproduct of mastering their areas of interest, and this kind of "learning to teach by default" holds great potential for both propagating error and depriving faculty of useful and usable understandings about teaching methods and students' learnings.

In the absence of a formal requirement that professors be trained as teachers, there are a limited number of circumstances under which faculty can gain the theory base and develop the skill repetoir characterizing the

knowledgeable, skillful teacher. Excluding the rare, gifted individuals who intuit quickly and accurately what they need know and do, graduate and professional students must either be lucky enough to work with faculty who demand formal attention to teaching, or master on their own the knowledge and skills characterizing the competent teacher. This paper describes the experiences of the Fargo Study Group--a group of faculty falling in the latter category.

The Fargo Study group included seven physicians interested in improving their instructional capabilities. The participants all held faculty appointments with the University of North Dakota School of Medicine and had patient care responsibilities at the VA hospital in Fargo--these are physicians responsible for teaching medical students in clinical settings. I joined the group as an educational psychologist also employed by the School of Medicine though my office was 80 miles away in Grand Forks.

The group was convened initially by one of the members to consider options available to them. The group used Delbecq's "Nominal Group Procedure" at that meeting to establish its priorities (Delbecq, Van de Ven, & Gustafson, 1975).* This was a good choice because it (i) allowed the group to be efficiently productive at its first meeting, (ii) the technique allowed postponement of debate (so the group could first develop cohesiveness), and (iii) it assured everyone an opportunity to present their views and have them recognized. The rank-ordered list indicated the

group wished to learn how to:

1. Motivate students to develop professional attitudes,
2. Develop learning materials,
3.5 Balance rewards and punishments in dealing with students,
3.5 Teach from case presentations,
5. Teach students to be self-learners,
6. Use a variety of lecturing techniques, and
7. Deal with marginal students.

(Additional items were mentioned less frequently than these seven.) The extreme variation in goals suggested that the members' needs were fairly diffuse; their lack of focus implied an interest in instructional improvement generally.

For this reason, my goals for the group were both smaller in number and more comprehensive. First, I wished each member of the group to develop a repetoir of useful and usable instructional techniques. This addressed the physicians' practical needs. Second, I wanted the group to become well grounded in instructional theory. Once the group began meeting regularly, members began to see that a good theoretical base conferred a practical advantage both because (other things being equal) teachers best grounded in theory were most likely to realize their instructional goals, and, when presented with instructional problems, faculty with solid theoretical backgrounds are best prepared to propose workable solutions.

The final goal was that each member of the group become something of an educational connoisseur (Eisner, 1979). Connoisseurship is a consequence of being both experienced and well grounded in theory, and it is also a source of pleasure to teachers: Connoisseurs can also recognize and appreciate quality in the teaching of others.

There was an initial resistance to connoisseurship and the study of theory. This was probably due to two factors: Participants' not seeing the relationship between these two topics and their practice of teaching, and resistance which is an aspect of an early stage in the natural history of groups (Tuchman, 1965; Tuchman & Jensen, 1978). I will expand on this point later in this paper.

When we had finished the Nominal Group activity, I used their prioritized list of goals in framing a recommendation on how we might proceed. The proposal was to be discussed by the group and modified as appropriate, and a decision made on whether to proceed with the Study Group. Having the group make planning decisions resulted in their having stronger feelings of "ownership" of the enterprise and this resulted in participants holding a stronger commitment to the project.

The group met the following week and agreed on two general goals: Specific instuctional techniques would be considered, and, very secondarily, connoisseurship would be developed among the participants. Even though lecturing was well down on the list of prioritized goals, it as the first

area of study because it allowed consideration of important instructional issues (e.g., learning theory), and because presentations (lectures) are a common feature in both medicine and medical teaching (Jason and Westberg, 1982), and because it allowed us to try out the study group format with a more clearly defined topic than attitude development or teaching life-long learning skills.

The Study Group Approach The group met weekly since all agreed that regular meetings were essential, and that more were not feasible and fewer meetings were not desirable. Indeed, we expected attendance to be good, with anticipated reasons for missing meetings being professional in nature (e.g., medical emergencies) and not lack of interest.

My role in the group was that of a resource. I provided information, offered advice as appropriate, and assumed no responsibility for the group's administration. The members, in contrast, handled adminstrative arrangements (e.g., room requests and memoranda announcing times and places came out of the surgery office), and participated actively in discussions and other activities. On this basis, the group worked through "lecturing" in the spring, and "small group instructional techniques" in the summer.

At the group's request, I provided information on lecturing and demonstrated "techniques" during early meetings. The lecture presented specific information the group members needed (e.g., the relationship of enthusiasm

to students' learning from lectures, Williams and Ware, 1977) as well as showing how specially prepared handouts could be used to reduce passivity. At the end of each session, a "technique sheet" was distributed indicating how to use the procedure demonstrated and the technique's strengths and weaknesses. These presentations provided a shared set of positive experiences for the group and helped build group cohesiveness.

These early sessions were followed by a subcommittee of volunteers working on a form to be used in critiqueing lectures. Items appearing on the form were identified by members from the early talks and discussed by the group. The form was "field tested" by group members attending lectures given by speakers visiting the hospital and rating their talks. The group's developing the form allowed them a sense of ownership, and using it had the effect of both building cohesiveness among the members and developing confidence in their abilities to critique (i.e., their abilities as connoisseurs).

Finally, individual members made presentations to the group and heard other group members' critical comments. Group members were collectively supportive and helpful. This both developed lecturing and critical skills and strengthened participants' confidence in their abilities. Delaying critical comments until the group was well-established decreased the likelihood that negative remarks would be understood as a personal attack. Earlier shared

positive experiences allowed participants to accept all comments as colleagues' thoughtful attempts to be helpful.

These sessions were also central to the development of connoisseurship because they provided experience with the essential ingredients in the development of this set of abilities:

> opportunity to attend to happenings of educational life in a focused, sensitive, and conscious way. ...[connoisseurship] requires the opportunity to compare such happenings, to discuss what one sees so that perceptions can be refined and to identify events not previously perceived, and to integrate and appraise what has been seen. (Eisner, 1979, p.195)

An added substantive benefit of the presentations was their identification of additional areas for the group to consider. For instance, the first physician's presentation made heavy use of 35mm slides, and the group decided it needed a session dealing solely with the preparation of slides. As the resource person for the group, I brought in two sets of slides borrowed from a colleague--a "before" set and an "after" set (after they had been revised) for their review and discussion. The group first looked at and discussed each "before" slide, and then speculated about how it might be improved. The "after" slide was then shown, and members compared their proposed improvements with those demonstrated. This session was very well received because

of its practical utility, and because it related the issue at hand (35mm slides) to a common set of theoretical issues (e.g., using a variety of modalities as a way of attacking passivity).

Whenever possible, presentations were videotaped, and this activity was also valued by the participants. The speakers found watching themselves to be very informative.

Small group instructional techniques were considered late in the spring when the lecturing "unit" was completed. The first small group sessions were once again my presentations with participants then demonstrating specific techniques for use with small groups (e.g., games for teaching problem solving, Barrows & Tamblyn, 1980).

Outcomes The possiblity of demonstrating pretest-posttest change was specifically precluded by the group's informality, and evidence of the Study Group's successfulness had to come from other sources.

Attendance was one such source. As anticipated, attendance was consistantly good--typically five of seven members showed up for each meeting. Further, it was not always the same people who attended, and on some occasions (e.g., when the slides were discussed), the people missing meetings requested "catchup sessions" so they would not miss the information.

Discussion within the group became more sophisticated, with members being more sensitive to the issues of

importance in lectures (e.g., "Dr. ...'s Grand Rounds would have been much better this week had he reviewed when he finished major points," or "I wish he had distributed a handout along with the chart shown on the slides since there was too much information on it to be easily understood in the short time it was on the screen"). Further, group members used this new awareness of teaching/learning situations away from the meetings; they were becoming comfortable with theory and were often able to recognize and describe quality in a variety of educational events. One example concerned a member who attended a continuing education offering and analyzed the speaker's strategies, and another involved another member who attended a little league coaching clinic and returned saying what it was the visiting coach did well, what he did poorly. In both cases, the analyses were based on issues discussed in group sessions. Coincidentally, the surgeon finished his analysis by laughing and saying, "You know, I'm becoming a real connoisseur!". He was also becoming an educational critic--someone who could identify the essential features of the educational event as perceived by the connoisseur and describe them so others could appreciate what had taken place (Eisner, 1979).

Additional important evidence came from the group when they decided to leave lecturing and begin considering small group instructional techniques. The Nominal Group procedure at that time identified gaining background information

(covering motivation theory and learning theory) as being more important to the group members than specific techniques for working with students. Group members were shifting from being unsophisticated technicians (i.e., people who simply used techniques) to more sophisticated engineers (people who understood the underlying principles and could design instruction accordingly).

Group Closure By the end of the summer, professional responsibilities had increased, it became increasingly difficult for participants to make scheduled meetings. At the suggestion of two of the group's members, the group was polled, and the consensus was to disband and see if interest emerged when other demands subsided. The demands did not decline and the question of interest was moot (though one group member did specifically request working with me on another instructional project).

The eight months during which the group met were highly productive ones: Specific practical techniques were mastered as were understandings of a more theoretical nature, and the group members' shifts in interest from techniques exclusively to techniques and theory was evidence of increased sophistication. A characteristic of novices in any area (whether teaching or medicine, for example) is heavy interest in "how to do it" while the professional is

equally interested in why techniques work.

Analysis The group's functioning and successes can be understood in terms of Tuchman's description of the developmental stages small groups pass through (Tuchman, 1965; Tuchman & Jensen, 1978). The Study Group's first two sessions (using Nominal Group Process to identify task priorities, and then discussing how the group would be organized and function) can be described with Tuchman's term "forming"; boundaries were identified for both the tasks to be covered (studying lecturing techniques, for example) and the roles of the participants. Of special importance was their understanding of my role since the physicians already knew each other and worked together in a collaborative manner at patient care. While I was a consultant to the group throughout, I initially provided structure though I was needed less and less in this capacity as the group matured.

The existing relationships among group members were responsible for skipping Tuchman's second stage, "storming;" issues of autonomy and individual rights had already been addressed. Further, the general acceptance of everyone's ideas during the Nominal Group Process both underscored and reflected the group's cohesiveness; the issue of "reject my idea and you reject me" never materialized. Tuchman reports a comparable situation (Tuchman & Jensen, 1978) and speculated that it might have been due to existing relationships among participants--the very situation we

experienced. Indeed, the only friction concerned participants' hesitation to consider theory and connoisseurship early in the group's deliberations, a friction resolved easily during the group's conversations.

"Norming" is the third stage, and is characterized by further integration of the group leading to mutual involvement and commitment to harmony. Shared activites such as deciding on the group's task and how to address it, and observing demonstrations of techniques members could use immediately led to this feeling. The members' responses to these activities indicated they were pleased to be in the group and saw participation as contributing to improvement of their teaching capabilities. The group's supportiveness precluded even the possibility of rejected ideas resulting in bruised feelings during the group's next stage of development.

Information collected by the group was used during "performing," the stage in which a solution to the task emerges. In the Study Group's case, this meant actually improving teaching through each member's lecturing to the group. A "philosophy" of lecturing (e.g., what a "good" lecture was like) had begun to develop in the earlier stage, and it was now refined by members as they presented talks and critiqued the talks of other members. Tuchman's observation that little group energy is spent on structural (group development) issues during this stage described the Study Group well: Their efforts were almost exclusively on

improving their instructional capabilities.

Tuchman and Jensen (1978) added "adjourning" to the earlier list of stages, a stage where participants deal with their feelings concerning the group's breaking up. The Study Group did not adjourn, however; it terminated due to outside demands on the participants. Social structure issues were thus not dealt with, and the views expressed by participants were those of regret: They wished the group could have continued functioning.

Tuchman's stages describe but do not explain its success. The questions remaining are why did this group of post-secondary faculty succeed at improving their instructional capabilities? and can their experiences be generalized to other groups?

Success was due, first, to the fact that the group was self-selected: They came together because all wanted to improve their teaching skills. Since medical faculty value their time (and are like other teachers in this regard), they wanted to see progress early on (otherwise, I expect they'd have dropped out), and progress was indeed made: Organization of the group was rapid, for example, and information on lecturing was presented early and in a form allowing its applicability to be seen easily. These shared experiences also contributed to the group's cohesiveness.

Third, personal support of group members was also provided during the forming and performing stages through informal contacts: I occasionally phoned members to chat

with them about the group and its progress'* and I also understand that group members discussed the Study Group when they ran into one another away from the regularly scheduled meetings.

Fourth, group members felt like owners of the materials they used. They developed their own critique sheet, and new discussions were always couched in concepts participants had already discussed--efforts were taken to assure that new learnings were built on older ones, and this led to the development of the group's "philosophy" of lecturing alluded to earlier.

Finally, there was a strong emphasis on the practical (e.g., lecturing and small group techniques members could use) since physicians--like elementary and secondary teachers--are emminently practical people. This emphasis also recognized an almost universal characteristic of adult learners: They seek instruction for practical reasons--to solve some problem or address some need (Cross, 1981). By providing techniques (such as the use of distributed lecture notes), members could see something tangible and useful coming from the sessions. These practical items supported them until they could begin to see the practical utility of theory to the teacher.

The issue remaining concerns features of the Fargo Study Group experience which can generalize to other situations: Are there characteristics of these faculty and attributes of their experiences which can be used to help

others in post-secondary education to improve their instructional capabilities? I believe there are, and they are embodied in the five reasons for the Group's success described in the preceeding paragraphs. In summary, they are: (i) Deal with existing needs (i.e., be practical) and move slowly to more remote but equally important issues (e.g., the practical utility of theory), (ii) establish structure within the group so that the participants see themselves as actively involved in their own learning, and (iii) insure "productivity" by making sure group members leave each meeting with evidence of the group's success. In practice, point (ii) means having the group manage itself and reducing conflict by deferring debate until the group is sufficiently cohesive to see criticims as attempts made by others to be helpful which, indeed, they are.

I also learned from the Study Group though my learnings were in terms of working with adults who wanted to address a specific issue. From the perspective provided by the time since the group ceased meeting, I see the eight months's efforts as having been as enjoyable as they were productive, and I came away from them with a sense of having participated in a valuable and exciting experience.

Citations

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Footnotes

* Briefly, each group member listed the things they wanted to gain from study group membership and, in a round robin manner, participants contributed items to a master list. Everyone then selected and rank ordered the ten nominations from the list they wished the group to address. Ground rules included no debate of items nominated though

clarification can be requested.

** I would have preferred to talk face-to-face, but distance precluded these kinds of visits.